

5500
 Form
 Department of the Treasury
 Internal Revenue Service
 Department of Labor
 Pension and Welfare Benefits
 Administration
 Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan
 (With 100 or more participants)

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code, referred to as the Code.

► See separate instructions.

1903700611224
 OMB No. 1210-0016

1994

This Form Is Open to
 Public Inspection.

For the calendar plan year 1994 or fiscal plan year beginning

JANUARY 1, 1994, and ending

DECEMBER 31, 1994

If A(1) through A(4), B, C, and/or D, do not apply to this year's return/report, leave the boxes unmarked.

A This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed for the plan; or
 (2) an amended return/report; (4) a short plan year return/report (less than 12 months).

IF ANY INFORMATION ON A PREPRINTED PAGE 1 IS INCORRECT, CORRECT IT. IF ANY INFORMATION IS MISSING, ADD IT. PLEASE USE RED INK WHEN MAKING THESE CHANGES AND INCLUDE THE PREPRINTED PAGE 1 WITH YOUR COMPLETED RETURN/REPORT.

B Check here if any information reported in 1a, 2a, 2b, or 5a changed since the last return/report for this plan ►
 C If your plan year changed since the last return/report, check here ►
 D If you filed for an extension of time to file this return/report, check here and attach a copy of the approved extension ►

1a Name and address of plan sponsor (employer, if for a single-employer plan)
 (Address should include room or suite no.)

SKADDEN, ARPS, SLATE, MEAGHER & FLOM
 919 THIRD AVENUE
 NEW YORK, NEW YORK 10022

1b Employer identification number (EIN)

13 1777230

1c Sponsor's telephone number
 (212) 735-3000

1d Business code (see instructions, page 23)
 8111

1e CUSIP issuer number

2a Name and address of plan administrator (if same as plan sponsor, enter "Same")
 SKADDEN, ARPS, SLATE, MEAGHER & FLOM PENSION PLAN COMMITTEE
 919 THIRD AVENUE
 NEW YORK, NEW YORK 10022

2b Administrator's EIN

13 2871040

2c Administrator's telephone number
 (212) 735-3000

3 If you are filing this page without the preprinted historical plan information and the name, address, and EIN of the plan sponsor or plan administrator has changed since the last return/report filed for this plan, enter the information from the last return/report in line 3a and/or line 3b and complete line 3c.

a Sponsor _____ EIN _____ Plan number _____
 b Administrator _____ EIN _____

c If line 3a indicates a change in the sponsor's name, address, and EIN, is this a change in sponsorship only? (See line 3c on page 9 of the instructions for the definition of sponsorship.) Enter "Yes" or "No." ►

4 ENTITY CODE. (If not shown, enter the applicable code from page 9 of the instructions.) ► 4 A

5a Name of plan ► SKADDEN, ARPS, SLATE, MEAGHER & FLOM
 PENSION PLAN

5b Effective date of plan (mo., day, yr.)
 4/01/75

5c Three-digit
 plan number ► 002

1						
---	--	--	--	--	--	--

All filers must complete 6a through 6d, as applicable.

6a Welfare benefit plan 6b Pension benefit plan
 (If the correct codes are not preprinted below, enter the applicable codes from page 9 of the instructions in the boxes.)

E					
---	--	--	--	--	--

6c Pension plan features. (If the correct codes are not preprinted below, enter the applicable pension plan feature codes from page 9 of the instructions in the boxes.)

6d Fringe benefit plan. Attach Schedule F (Form 6500). See instructions.

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of employer/plan sponsor ► *Stuart N. Alperin, Partner* Date ► 10-12-95

Type or print name of individual signing for the employer/plan sponsor: *STUART N. ALPERIN*

Signature of plan administrator ► *Stuart N. Alperin, Committee Member* Date ► 10-12-95

Type or print name of individual signing for the plan administrator: *STUART N. ALPERIN*

For Paperwork Reduction Act Notice, see page 1 of the instructions.

Skadden, Arps, Slate, Meagher & Flom
Pension Plan

Actuarial Methods and Assumptions
Employed in the 1994 Actuarial Valuation

A. Employee data used in valuation:

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

B. Method of Valuation:

1. Actuarial values - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
2. Assets - The trust fund investments are valued at market value.
3. Prior service cost - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder.

C. Actuarial assumptions:

1. Rate of inflation - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long term rate of inflation of 5-1/4%.
2. Interest (discount) rate - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8. 8.00% per annum, compounded annually was used to determine current liability for funding purposes.
3. PBGC immediate interest rate - 6.5% for active participants. 100% of the immediate and deferred PBGC rates are used for purposes of converting grandfathered annuities to lump sum payments, if the resulting lump sum does not exceed \$25,000; otherwise 120% of such rates are used, unless 120% of such rates produces a lump sum under \$25,000 (in which case a lump sum of \$25,000 is paid). For purposes of calculating lump sums payable to terminated-vested participants, a PBGC rate of 4.5% was used. For purposes of calculating current liabilities, an interest rate of 8.00% was used for converting all annuities to lump sums. As provided by the terms of the Plan, UP-1984 mortality was used for the conversion of annuities to lump sum payments.
4. Interest credits to the pension accounts - 8.00% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8.

1903732106307

5500
 Form 5500
 Department of the Treasury
 Internal Revenue Service
 Department of Labor
 Pension and Welfare Benefits
 Administration
 Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan (With 100 or more participants)

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code, referred to as the Code.

► See separate instructions.

OMB No. 15 10-0016

D-0-2289

1995This Form Is Open to
Public Inspection.

For the calendar year 1995 or fiscal plan year beginning

JANUARY 1, 1995, and ending

DECEMBER 31, 1995

If A(1) through A(4), B, C, and/or D, do not apply to this year's return/report, leave the boxes unmarked.

A This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed for the plan; or
 (2) an amended return/report; (4) a short plan year return/report (less than 12 months).

IF ANY INFORMATION ON A PREPRINTED PAGE 1 IS INCORRECT, CORRECT IT. IF ANY INFORMATION IS MISSING, ADD IT. PLEASE USE RED INK WHEN MAKING THESE CHANGES AND INCLUDE THE PREPRINTED PAGE 1 WITH YOUR COMPLETED RETURN/REPORT.

B Check here if any information reported in 1a, 2a, 2b, or 5a changed since the last return/report for this plan. ►
 C If your plan year changed since the last return/report, check here. ►
 D If you filed for an extension of time to file this return/report, check here and attach a copy of the approved extension. ►

1a Name and address of plan sponsor (employer, if for a single-employer plan)
 (Address should include room or suite no.)

SKADDEN, ARPS, SLATE, MEAGHER & FLOM
 919 THIRD AVENUE
 NEW YORK, NY 10022

1903732106307-6

2a Name and address of plan administrator (if same as plan sponsor, enter "Same")

Skadden, Arps, Slate, Meagher & Flom Pension Plan Committee
 919 THIRD AVENUE
 NEW YORK, NY 10022

1b Employer identification number (EIN)
 13 1777230

1c Sponsor's telephone number
 (212) 735-3000

1d Business code (see instructions, page 23)
 8111

1e CUSIP issuer number
 N/A

2b Administrator's EIN

13 2871040

2c Administrator's telephone number
 (212) 735-3000

3 If you are filing this page without the preprinted historical plan information and the name, address, and EIN of the plan sponsor or plan administrator has changed since the last return/report filed for this plan, enter the information from the last return/report in line 3a and/or line 3b and complete line 3c.

a Sponsor _____ EIN _____ Plan number _____
 b Administrator _____ EIN _____

c If line 3a indicates a change in the sponsor's name, address, and EIN, is this a change in sponsorship only? (See line 3c on page 9 of the instructions for the definition of sponsorship.) Enter "Yes" or "No." ►

4 ENTITY CODE. (If not shown, enter the applicable code from page 9 of the instructions.) ►

A

5a Name of plan ► SKADDEN, ARPS, SLATE, MEAGHER & FLOM
 PENSION PLAN

5b Effective date of plan (mo., day, yr.)
 4/01/75

All filers must complete 6a through 6d, as applicable.

5c Three-digit
 plan number ► 002

6a Welfare benefit plan 6b Pension benefit plan

1						

(If the correct codes are not preprinted below, enter the applicable codes from page 9 of the instructions in the boxes.)

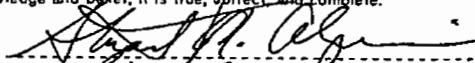
6c Pension plan features. (If the correct codes are not preprinted below, enter the applicable pension plan feature codes from page 9 of the instructions in the boxes.)

E						
---	--	--	--	--	--	--

6d Fringe benefit plan. Attach Schedule F (Form 5500). See instructions.

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of employer/plan sponsor ► 

Date ► 8-28-96

Type or print name of individual signing for the employer/plan sponsor ► STUART N. ALPERIN, TRUSTEE

Signature of plan administrator ► 

Date ► 8-28-96

Type or print name of individual signing for the plan administrator ► STUART N. ALPERIN, TRUSTEE

For Paperwork Reduction Act Notice, see page 1 of the instructions.

MGA

Form 5500 (1995)

0143

Skadden, Arps, Slate, Meagher & Flom
Pension Plan

Actuarial Methods and Assumptions
Employed in the 1995 Actuarial Valuation

A. Employee data used in valuation:

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

B. Method of Valuation:

1. Actuarial values - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
2. Assets - The trust fund investments are valued at market value.
3. Prior service cost - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder.

C. Actuarial assumptions:

1. Rate of inflation - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long term rate of 5-1/4%.
2. Interest (discount) rate - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8. 6.55% per annum, compounded annually was used to determine current liability for funding purposes.
3. PBGC immediate interest rate - 6.5%. 100% of the immediate and deferred PBGC rates are used for purposes of converting grandfathered annuities to lump sum payments, if the resulting lump sum does not exceed \$25,000; otherwise 120% of such rates are used, unless 120% of such rates produces a lump sum under \$25,000 (in which case a lump sum of \$25,000 is paid). For purposes of calculating current liabilities, an interest rate of 7.75% was used for converting all annuities to lump sums. As provided by the terms of the Plan, UP-1984 mortality was used for the conversion of annuities to lump sum payments.
4. Interest credits to the pension accounts - 8.25% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8.

5500

Form 5500
 Department of the Treasury
 Internal Revenue Service
 Department of Labor
 Pension and Welfare Benefits
 Administration
 Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan
 (With 100 or more participants)
OMB Nos 1210-0016
1210-0089**1996**This Form Is Open to
Public Inspection.

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code, referred to as the Code.

► See separate instructions.

For the calendar plan year 1996 or fiscal plan year beginning

January 1

, 1996, and ending

December 31, 1996

If A(1) through A(4), B, C, and/or D, do not apply to this year's return/report, leave the boxes unmarked.

For IRS Use Only **1908702406613** 8
EP-ID

A This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed for the plan; or
 (2) an amended return/report; (4) a short plan year return/report (less than 12 months).

IF ANY INFORMATION ON A PREPRINTED PAGE 1 IS INCORRECT, CORRECT IT. IF ANY INFORMATION IS MISSING, ADD IT. PLEASE USE RED INK WHEN MAKING THESE CHANGES AND INCLUDE THE PREPRINTED PAGE 1 WITH YOUR COMPLETED RETURN/REPORT.

B Check here if any information reported in 1a, 2a, 2b, or 5a changed since the last return/report for this plan. ►
 C If your plan year changed since the last return/report, check here. ►
 D If you filed for an extension of time to file this return/report, check here and attach a copy of the approved extension. ►

1a Name and address of plan sponsor (employer, if for a single-employer plan)
(Address should include room or suite no.)

Skadden, Arps, Slate, Meagher & Flom LLP
 919 Third Avenue, 24-30
 New York, New York 10022

1b Employer identification number (EIN)
13-17772301c Sponsor's telephone number
212-735-30001d Business code (see instructions, page 20)
81111e CUSIP issuer number
N/A

2a Name and address of plan administrator (if same as plan sponsor, enter "Same")

Skadden, Arps, Slate, Meagher & Flom LLP
 Pension Plan Committee, 24-30
 19 Third Avenue, New York, NY 10022

2b Administrator's EIN

13-28710402c Administrator's telephone number
212-735-3000

3 If you are filing this page without the preprinted historical plan information and the name, address, and EIN of the plan sponsor or plan administrator has changed since the last return/report filed for this plan, enter the information from the last return/report in line 3a and/or line 3b and complete line 3c.

a Sponsor **Skadden, Arps, Slate, Meagher & Flom**EIN **13-1777230** Plan number **002**b Administrator **Same**EIN **Same**

c If line 3a indicates a change in the sponsor's name, address, and EIN, is this a change in sponsorship only? (See line 3c on page 8 of the instructions for the definition of sponsorship.) Enter "Yes" or "No." ► **YES**

4 ENTITY CODE. (If not shown, enter the applicable code from page 8 of the instructions.) ► **A**5a Name of plan ► **Skadden, Arps, Slate, Meagher & Flom Pension Plan****A**

5b Effective date of plan (mo., day, yr.)

4/1/755c Three-digit plan number ► **002****1**

All filers must complete 6a through 6d, as applicable.

6a Welfare benefit plan 6b Pension benefit plan

(If the correct codes are not preprinted below, enter the applicable codes from page 8 of the instructions in the boxes.)

6c Pension plan features. (If the correct codes are not preprinted below, enter the applicable pension plan feature codes from page 8 of the instructions in the boxes.)

E Fringe benefit plan. Attach Schedule F (Form 5500). See instructions.

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of employer/plan sponsor

Stuart N. Alperin

Trustee

Date ► **10-14-97**

Type or print name of individual signing above

Stuart N. Alperin

Trustee

Date ► **10-14-97**

For Paperwork Reduction Act Notice, see page 1 of the instructions.

Form **5500** (1996)

123
 807-71007
 ISA Director Brookhaven Service Center
 STE 105687F Holtsville, NY 11747

8510

Skadden, Arps, Slate, Meagher & Flom
Pension Plan

Actuarial Methods and Assumptions
Employed in the 1996 Actuarial Valuation

A. Employee data used in valuation:

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

B. Method of Valuation:

1. Actuarial values - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
2. Assets - The trust fund investments are valued at market value.
3. Prior service cost - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder.

C. Actuarial assumptions:

1. Rate of inflation - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long term rate of 5-1/4%.
2. Interest (discount) rate - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8. 7.50% per annum, compounded annually was used to determine current liability for funding purposes.
3. PBGC immediate interest rate - 6.5%. 100% of the immediate and deferred PBGC rates are used for purposes of converting grandfathered annuities to lump sum payments, if the resulting lump sum does not exceed \$25,000; otherwise 120% of such rates are used, unless 120% of such rates produces a lump sum under \$25,000 (in which case a lump sum of \$25,000 is paid). For purposes of calculating current liabilities, an interest rate of 7.50% was used for converting all annuities to lump sums. As provided by the terms of the Plan, UP-1984 mortality was used for the conversion of annuities to lump sum payments.
4. Interest credits to the pension accounts - 8.25% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8.



Form **5500**
 Department of the Treasury
 Internal Revenue Service
 Department of Labor
 Pension and Welfare Benefits
 Administration
 Pension Benefit Guaranty Corporation

19037135006169

Annual Return/Report of Employee Benefit Plan

(With 100 or more participants)

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code, referred to as the Code.

5 ► See separate instructions.

OMB Nos. 1210-0016
 1210-0089

1997 P

This Form Is Open
 to Public Inspection.

For the calendar plan year **1997** or fiscal plan year beginning **January 1**, 1997, and ending **December 31**, 1997

If A(1) through A(4), B, C, and/or D do not apply to this year's return/report, leave the boxes unmarked.		For IRS Use Only EP-ID	
A This return/report is: (1) <input type="checkbox"/> the first return/report filed for the plan; (2) <input type="checkbox"/> an amended return/report;		(3) <input type="checkbox"/> the final return/report filed for the plan; or (4) <input type="checkbox"/> a short plan year return/report (less than 12 months).	
IF ANY INFORMATION ON A PREPRINTED PAGE 1 IS INCORRECT, CORRECT IT. IF ANY INFORMATION IS MISSING, ADD IT. PLEASE USE RED INK WHEN MAKING THESE CHANGES AND INCLUDE THE PREPRINTED PAGE 1 WITH YOUR COMPLETED RETURN/REPORT.			
B Check here if any information reported in 1a, 2a, 2b, or 5a changed since the last return/report for this plan ► <input type="checkbox"/>			
C If your plan year changed since the last return/report, check here ► <input type="checkbox"/>			
D If you filed for an extension of time to file this return/report, check here and attach a copy of the approved extension ► <input checked="" type="checkbox"/>			
1a Name and address of plan sponsor (employer, if for a single-employer plan) (Address should include room or suite no.)		1b Employer identification number (EIN) 13-1777230	
SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP 919 THIRD AVENUE, ROOM 24-20 NEW YORK, NEW YORK 10022		1c Sponsor's telephone number 212-735-3000	
2a Name and address of plan administrator (if same as plan sponsor, enter "Same") SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP PENSION PLAN COMMITTEE 919 THIRD AVENUE, ROOM 24-20 NEW YORK 10022		1d Business code (see instructions, page 20) 8111	
3 If you are filing this page without the preprinted historical plan information and the name, address, and EIN of the plan sponsor or plan administrator has changed since the last return/report filed for this plan, enter the information from the last return/report in line 3a and/or line 3b and complete line 3c.		1e CUSIP Issuer number N/A	
a Sponsor _____		2b Administrator's EIN 13-2871040	
b Administrator _____		2c Administrator's telephone number 212-735-3000	
c If line 3a indicates a change in the sponsor's name, address, and EIN, is this a change in sponsorship only? (See line 3c on page 8 of the instructions for the definition of sponsorship.) Enter "Yes" or "No." ►		EIN _____ Plan number _____ EIN _____	
4 ENTITY CODE. (If not shown, enter the applicable code from page 8 of the instructions.) ►			
5a Name of plan ► SKADDEN, ARPS, SLATE, MEAGHER & FLOM PENSION PLAN		5b Effective date of plan (mo., day, yr.) 4/1/75	
All filers must complete 6a through 6d, as applicable.		5c Three-digit plan number ► 002	
6a <input type="checkbox"/> Welfare benefit plan		6b <input checked="" type="checkbox"/> Pension benefit plan	
(If the correct codes are not preprinted below, enter the applicable codes from page 8 of the instructions in the boxes.)		1	
6c Pension plan features. (If the correct codes are not preprinted below, enter the applicable pension plan feature codes from page 9 of the instructions in the boxes.)		E	
6d <input type="checkbox"/> Fringe benefit plan. Attach Schedule F (Form 5500). See Instructions.			

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of employer/plan sponsor ►

Stuart N. Alperin

Date ► **10/15/98**

Type or print name of individual signing above

STUART N. ALPERIN

TRUSTEE

Signature of plan administrator ►

Stuart N. Alperin

Date ► **10/15/98**

Type or print name of individual signing above **STUART N. ALPERIN**

TRUSTEE

For Paperwork Reduction Act Notice, see the instructions for Form 5500.
 ISA

Form 5500 (1997)

0154

**Skadden, Arps, Slate, Meagher & Flom
Pension Plan**

**Actuarial Methods and Assumptions
Employed in the 1997 Actuarial Valuation**

A. Employee data used in valuation:

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

B. Method of Valuation:

1. **Actuarial values** - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
2. **Assets** - The trust fund investments are valued at market value.
3. **Prior service cost** - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder.

C. Actuarial assumptions:

1. **Rate of inflation** - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long term rate of inflation of 5-1/4%.
2. **Interest (discount) rate** - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8. 7.36% for RPA 94 current liability purposes & 7.57% for OBRA 87 current liability purposes per annum, compounded annually was used.
3. **PBGC immediate interest rate** - 6.5%. 100% of the immediate and deferred PBGC rates are used for purposes of converting grandfathered annuities to lump sum payments, if the resulting lump sum does not exceed \$25,000; otherwise 120% of such rates are used, unless 120% of such rates produces a lump sum under \$25,000 (in which case a lump sum of \$25,000 is paid). For purposes of calculating current liabilities, an interest rate of 7.36% for RPA 94 (7.57% for OBRA 87) was used for converting all annuities to lump sums. As provided by the terms of the Plan, UP-1984 mortality was used for the conversion of annuities to lump sum payments.
4. **Interest credits to the pension accounts** - 8.25% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8.

D2.1



**Skadden, Arps, Slate, Meagher & Flom
Pension Plan**

**Actuarial Methods and Assumptions
Employed in the 1998 Actuarial Valuation**

A. Employee data used in valuation:

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

B. Method of Valuation:

1. **Actuarial values** - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
2. **Assets** - The trust fund investments are valued at market value.
3. **Prior service cost** - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder.

C. Actuarial assumptions:

1. **Rate of inflation** - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long term rate of inflation of 5-1/4%.
2. **Interest (discount) rate** - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8. 6.09% for RPA 94 current liability purposes & 6.09% for OBRA 87 current liability purposes per annum, compounded annually was used.
3. **PBGC immediate interest rate** - 6.5%. 100% of the immediate and deferred PBGC rates are used for purposes of converting grandfathered annuities to lump sum payments, if the resulting lump sum does not exceed \$25,000; otherwise 120% of such rates are used, unless 120% of such rates produces a lump sum under \$25,000 (in which case a lump sum of \$25,000 is paid). For purposes of calculating current liabilities, an interest rate of 6.09% for RPA 94 (6.09% for OBRA 87) was used for converting all annuities to lump sums. As provided by the terms of the Plan, UP-1984 mortality was used for the conversion of annuities to lump sum payments.
4. **Interest credits to the pension accounts** - 8.25% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8.

8403712061
101.03.0001
02

Official Use Only

OMB Nos. 1210-0110 / 1201-0089

1999

This Form is Open
to Public Inspection.**Form 5500**

Department of the Treasury
Internal Revenue Service
Department of Labor
Pension and Welfare Benefits
Administration
Pension Benefit
Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Type or print all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For the calendar plan year 1999
or fiscal plan year beginning

01	01	1999	, and ending	12	31	1999
----	----	------	--------------	----	----	------

A This return/report is for: (1) a multiemployer plan; (3) a multiple-employer plan; or
(2) a single-employer plan (other than a multiple-employer plan); (4) a DFE (specify)

B This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed for the plan;
(2) an amended return/report; (4) a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ►

D If you filed for an extension of time to file, check the box and attach a copy of the extension application ► X

Part II Basic Plan Information — enter all requested information.

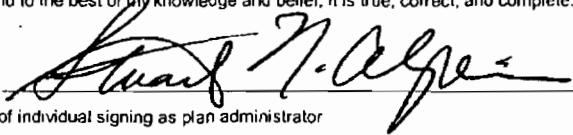
1a Name of plan

SKADDEN,ARPS,SLATE,MEAGHER&FLOM, LLP**PENSION PLAN**

1b Three-digit plan number (PN) ► 002 1c Effective date of plan 04 01 1975

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

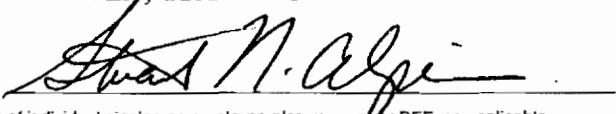
Signature of
plan administrator ►


Date

10/11/02

Typed or printed name of individual signing as plan administrator

a STUART N. ALPERIN, TRUSTEE

Signature of employer/
plan sponsor/DFE ►


Date

10/11/02

Typed or printed name of individual signing as employer, plan sponsor or DFE, as applicable

b STUART N. ALPERIN, PARTNER

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

019900011L

Form 5500 (1999)



8403712061
101.03.0052
02

Skadden, Arps, Slate, Meagher & Flom Pension Plan
EIN 13-1777230
Plan Number 002

Attachment to 1999 Schedule B (Form 5500), Line 6

**Actuarial Methods and Assumptions
Employed in the 1999 Actuarial Valuation**

A. Employee data used in valuation:

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

B. Method of Valuation:

1. **Actuarial values** - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
2. **Assets** - The trust fund investments are valued at market value.
3. **Prior service cost** - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder.

C. Actuarial assumptions:

1. **Rate of inflation** - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long term rate of 5-1/4%.
2. **Interest (discount) rate** - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8. 5.62% for RPA 94 current liability purposes & 5.62% for OBRA 87 current liability purposes per annum, compounded annually was used.
3. **PBGC immediate interest rate** - 6.5%. 100% of the immediate and deferred PBGC rates are used for purposes of converting grandfathered annuities to lump sum payments, if the resulting lump sum does not exceed \$25,000; otherwise 120% of such rates are used, unless 120% of such rates produces a lump sum under \$25,000 (in which case a lump sum of \$25,000 is paid). For purposes of calculating current liabilities, an interest rate of 5.62% for RPA 94 (5.62% for OBRA 87) was used for converting all annuities to lump sums. As provided by the terms of the Plan, UP-1984 mortality was used for the conversion of annuities to lump sum payments.
4. **Interest credits to the pension accounts** - 8.25% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8.

840372 1722
264.04.0001
01

Form 5500

Department of the Treasury
Internal Revenue Service
Department of Labor
Pension and Welfare Benefits
Administration
Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with
the instructions to the Form 5500.

Official Use Only
OMB Nos. 1210-0110
1210-0089

2000

This Form is Open to
Public Inspection.

Part I Annual Report Identification Information

For the calendar plan year 2000 or fiscal plan year beginning 01/01/2000, and ending 12/31/2000.

A This return/report is for: (1) a multiemployer plan; (3) a multiple-employer plan; or
 (2) a single-employer plan (other than a multiple-employer plan); (4) a DFE (specify) _____

B This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed for the plan;
 (2) an amended return/report; (4) a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ►

D If you filed for an extension of time to file, check the box and attach a copy of the extension application ►

Part II Basic Plan Information — enter all requested information.

1a Name of plan

SKADDEN ARPS SLATE MEAGHER & FLOM
PENSION PLAN

1b Three-digit
plan number (PN) ► 002

1c Effective date of plan (mo., day, yr.)
04/01/1975

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)

SKADDEN ARPS SLATE MEAGHER & FLOM LLP

2b Employer Identification Number (EIN)
13-1777230

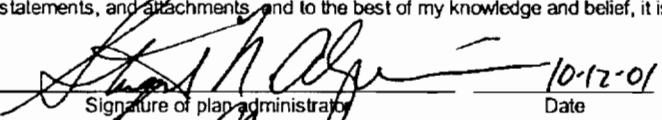
2c Sponsor's telephone number
212-735-3000

2d Business code (see instructions)
541110

c/o LINDA FRANKLIN
FOUR TIMES SQUARE NEW YORK NEW YORK 10036

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.


Signature of plan administrator

10/12/01
Date

STUART N. APLERIN, TRUSTEE

Typed or printed name of individual signing as plan administrator


Signature of employer/plan sponsor/DFE

10/12/01
Date

STUART N. ALPERIN, PARTNER

Typed or printed name of individual signing as employer, plan sponsor or DFE as applicable

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v3.2

Form 5500 (2000)



0200710103



840372 1722
264.04 .0030
01

Skadden, Arps, Slate, Meagher & Flom Pension Plan
EIN 13-1777230
Plan Number 002

Attachment to 2000 Schedule B (Form 5500), Line 6 – Statement of Actuarial Assumptions/Methods

Actuarial Methods and Assumptions
Employed in the 2000 Actuarial Valuation

A. Employee data used in valuation:

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

B. Method of Valuation:

1. **Actuarial values** - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
2. **Assets** - The trust fund investments are valued at market value.
3. **Prior service cost** - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder.

C. Actuarial assumptions:

1. **Rate of inflation** - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long term rate of inflation of 5-1/4%.
2. **Interest (discount) rate** - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8. 5.41% for RPA 94 current liability purposes & 5.41% for OBRA 87 current liability purposes per annum, compounded annually was used.
3. **GATT immediate interest rate** - 7.0%. For purposes of calculating current liabilities, an interest rate of 5.41% for RPA 94 (5.41% for OBRA 87) was used for converting all annuities to lump sums. As provided by the terms of the Plan, GATT mortality was used for the conversion of annuities to lump sum payments.
4. **Interest credits to the pension accounts** - 8.25% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8.

840373 1223
057.03.0001
01Official Use Only
OMB Nos. 1210-0110
1210-0089

2001

This Form is Open to
Public Inspection.

Form 5500

Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Pension and Welfare Benefits
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with
the Instructions to the Form 5500.

Part III Annual Report Identification Information

For the calendar plan year 2001 or fiscal plan year beginning 01/01/2001, and ending 12/31/2001.

A This return/report is for: (1) a multiemployer plan; (3) a multiple-employer plan; or
 (2) a single-employer plan (other than a multiple-employer plan); (4) a DFE (specify) _____

B This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed for the plan;
 (2) an amended return/report; (4) a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ►

D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) ►

Part III Basic Plan Information — enter all requested information.

1a Name of plan
Skadden Arps Slate Meagher & Flom
Pension Plan

1b Three-digit
plan number (PN) ► 002

1c Effective date of plan (mo., day, yr.)
04/01/1975

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
Skadden Arps Slate Meagher & Flom

c/o Linda Franklin
Four Times Square New York New York 10036

2b Employer Identification Number (EIN)
13-1777230

2c Sponsor's telephone number
212-735-3000

2d Business code (see instructions)
541110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of plan administrator

10-9-02

Stuart N. Alperin, Trustee

Typed or printed name of individual signing as plan administrator

Signature of employer/plan sponsor/DFE

10-9-02

Stuart N. Alperin, Partner

Typed or printed name of individual signing as employer, plan sponsor or DFE as applicable

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v4.1

Form 5500 (2001)

0201130108



8403731223
057.03.0029
01

Skadden, Arps, Slate, Meagher & Flom Pension Plan
EIN 13-1777230
Plan Number 002

Attachment to 2001 Schedule B (Form 5500), Line 6 – Statement of Actuarial Assumptions/Methods

A. Employee data used in valuation:

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

B. Method of Valuation:

1. Actuarial values - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
2. Assets - The trust fund investments are valued at market value.
3. Prior service cost - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder.

C. Actuarial assumptions:

1. Rate of inflation - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long term rate of inflation of 5-1/4%.
2. Interest (discount) rate - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8. 5.32% for RPA 94 current liability purposes & 5.32% for OBRA 87 current liability purposes per annum, compounded annually was used.
3. GATT immediate interest rate – 7.0%. For purposes of calculating current liabilities, an interest rate of 5.32% for RPA 94 (5.32% for OBRA 87) was used for converting all annuities to lump sums. As provided by the terms of the Plan, GATT mortality was used for the conversion of annuities to lump sum payments.
4. Interest credits to the pension accounts - 8.25% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8.

8403733443
239.04.0001Official Use Only
OMB Nos. 1210-0110
1210-0089

2002

This Form is Open to
Public Inspection.

Form 5500

Department of the Treasury
Internal Revenue Service
Department of Labor
Pension and Welfare Benefits
Administration
Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with
the instructions to the Form 5500.

Part I Annual Report Identification Information

For the calendar plan year 2002 or fiscal plan year beginning **01/01/2002** and ending **12/31/2002**

A This return/report is for: (1) a multiemployer plan; (3) a multiple-employer plan; or
 (2) a single-employer plan (other than a multiple-employer plan); (4) a DFE (specify)

B This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed for the plan;
 (2) an amended return/report; (4) a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ►

D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) ►

Part II Basic Plan Information - enter all requested information.

1a Name of plan

**SKADDEN ARPS SLATE MEAGHER & FLOM
PENSION PLAN**

1b Three-digit plan number (PN) ► **002**

1c Effective date of plan (mo., day, yr.)
04/01/1975

2b Employer Identification Number (EIN)
13-1777230

2c Sponsor's telephone number
212-735-3000

2d Business code (see instructions)
541110

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)

SKADDEN ARPS SLATE MEAGHER & FLOM LLP

**LINDA FRANKLIN
FOUR TIMES SQUARE**

NEW YORK**NY 10036**

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

**SIGN
HERE**

Signature of plan administrator

10-09-03**STUART N. ALPERIN, TRUSTEE**

Type or print name of individual signing as plan administrator

**SIGN
HERE**

Signature of employer/plan sponsor/DFE

Date

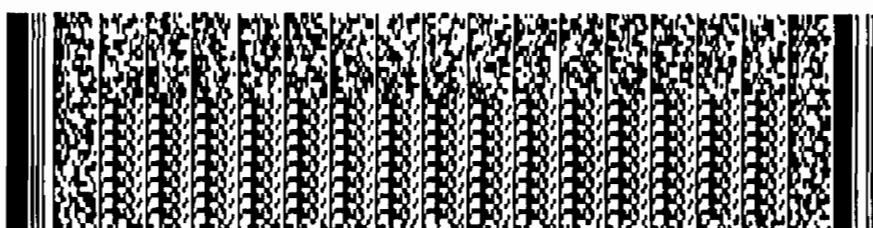
STUART N. ALPERIN, PARTNER

Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v5.0

Form 5500 (2002)



0 2 0 2 5 3 0 1 0 D



2A6704 3 000

LJD00B-N793

V02-6

8403733443
239.04.0029
02

Skadden, Arps, Slate, Meagher & Flom Pension Plan
EIN 13-1777230
Plan Number 002

Attachment to 2002 Schedule B (Form 5500), Line 6
Statement of Actuarial Assumptions/Methods

A. Employee data used in valuation:

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

B. Method of Valuation:

1. **Actuarial values** - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
2. **Assets** - The trust fund investments are valued at market value.
3. **Prior service cost** - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder.

C. Actuarial assumptions:

1. **Rate of inflation** - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long-term rate of inflation of 5-1/4%.
2. **Interest (discount) rate** - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8. 5.14% for RPA 94 current liability purposes & 5.14% for OBRA 87 current liability purposes per annum, compounded annually, was used.
3. **GATT immediate interest rate** - 7.0%. For purposes of calculating current liabilities, an interest rate of 5.14% for RPA 94 (5.14% for OBRA 87) was used for converting all annuities to lump sums. As provided by the terms of the Plan, GATT mortality was used for the conversion of annuities to lump sum payments.
4. **Interest credits to the pension accounts** - 8.25% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8.

84043424
015 06 000102 Official Use Only
OMB Nos. 1210-0110
1210-0089

2003

This Form is Open to
Public Inspection.**Form 5500**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 5047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with
the instructions to the Form 5500.

Part I Annual Report Identification Information

For the calendar plan year 2003 or fiscal plan year beginning **01/01/2003** and ending **12/31/2003**

A This return/report is for: (1) a multiemployer plan; (3) a multiple-employer plan; or
 (2) a single-employer plan (other than a multiple-employer plan); (4) a DFE (specify) _____

B This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed for the plan;
 (2) an amended return/report; (4) a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ►

D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) ►

Part II Basic Plan Information - enter all requested information.**1a** Name of plan

**SKADDEN ARPS SLATE MEAGHER & FLOM
PENSION PLAN**

1b Three-digit plan number (PN) ► **002****1c** Effective date of plan (mo., day, yr.)
04/01/1975

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)

SKADDEN ARPS SLATE MEAGHER & FLOM

2b Employer identification Number (EIN)
13-1777230**2c** Sponsor's telephone number
212-735-3000**2d** Business code (see instructions)
541110

**LINDA FRANKLIN
FOUR TIMES SQUARE**

NEW YORK NY 10036

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

**SIGN
HERE**

Signature of plan administrator

10-8-04

Date

STUART N. ALPERIN, TRUSTEE

Type or print name of individual signing as plan administrator

**SIGN
HERE**

Signature of employer/plan sponsor/DFE

10-8-04

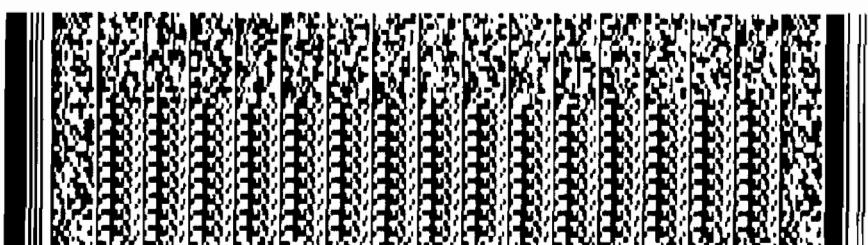
Date

STUART N. ALPERIN, PARTNER

Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v6.1

Form 5500 (2003)

0 2 0 3 7 6 0 1 0 J



Skadden, Arps, Slate, Meagher & Flom Pension Plan
 EIN 13-1777230
 Plan Number 002

84043424
 015.06.0035
 02

**Attachment to 2003 Schedule B (Form 5500), Line 6
 Statement of Actuarial Assumptions/Methods**

A. Employee data used in valuation:

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

B. Method of Valuation:

1. Actuarial values - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
2. Assets - The trust fund investments are valued at market value.
3. Prior service cost - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder.

C. Actuarial assumptions:

1. Rate of inflation - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long-term rate of 5-1/4%.
2. Interest (discount) rate - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8. 4.98% for RPA 94 current liability purposes & 4.98% for OBRA 87 current liability purposes per annum, compounded annually, was used.
3. GATT immediate interest rate - 7.0%. For purposes of calculating current liabilities, an interest rate of 4.98% for RPA 94 (4.98% for OBRA 87) was used for converting all annuities to lump sums. As provided by the terms of the Plan, GATT mortality was used for the conversion of annuities to lump sum payments.
4. Interest credits to the pension accounts - 8.25% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8.

84053275
278.03.0001
02**Form 5500**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only
OMB Nos. 1210-0110
1210-0089**2004**This Form is Open to
Public Inspection.**Part I Annual Report Identification Information**For the calendar plan year 2004 or fiscal plan year beginning **01/01/2004** and ending **12/31/2004**

A This return/report is for: (1) a multiemployer plan; (3) a multiple-employer plan, or
 (2) a single-employer plan (other than a multiple-employer plan); (4) a DFE (specify) _____

B This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed for the plan;
 (2) an amended return/report; (4) a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ►

D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) ►

Part II Basic Plan Information - enter all requested information.

1a Name of plan

SKADDEN ARPS SLATE MEAGHER & FLOM
PENSION PLAN1b Three-digit
plan number (PN) ► **002**1c Effective date of plan (mo., day, yr.)
04/01/19752b Employer Identification Number (EIN)
13-17772302c Sponsor's telephone number
212-735-30002d Business code (see instructions)
5411102a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)

SKADDEN ARPS SLATE MEAGHER & FLOM

LINDA FRANKLIN
FOUR TIMES SQUARE**NEW YORK NY 10036**

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete

**SIGN
HERE**

Signature of plan administrator

Date

EARLE YAFFA, TRUSTEE

Type or print name of individual signing as plan administrator

**SIGN
HERE**

Signature of employer/plan sponsor/DFE

Date

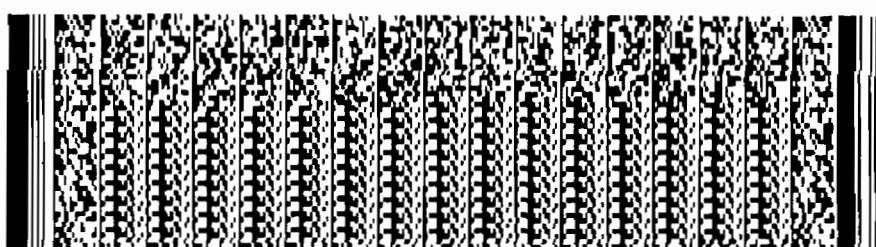
ROBERT C. SHEEHAN, PARTNER

Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v7.2

Form 5500 (2004)



0 2 0 4 2 8 0 1 0 H

4A6704 4.000
LJD00B-N793 10/17/2005 07:40:21 V04-7

Skadden, Arps, Slate, Meagher & Flom Pension Plan
EIN 13-1777230
Plan Number 002

Attachment to 2004 Schedule B (Form 5500), Line 6
Statement of Actuarial Assumptions/Methods

A. Employee data used in valuation:

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

B. Method of Valuation:

1. Actuarial values - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
2. Assets - The trust fund investments are valued at market value.
3. Prior service cost - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder.

C. Actuarial assumptions:

1. Rate of inflation - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long-term rate of 5-1/4%.
2. Interest (discount) rate - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8. 4.72% per annum, compounded annually, for RPA 94 current liability purposes for determination of maximum tax-deductible contribution purposes and 6.55% for minimum required contribution purposes.
3. GATT immediate interest rate - 7.0%. For purposes of calculating RPA 94 current liabilities for maximum tax-deductible contribution (minimum required contribution) purposes, an interest rate of 4.72% (6.55%) was used for converting all annuities to lump sums. As provided by the terms of the Plan, GATT mortality was used for the conversion of annuities to lump sum payments.
4. Interest credits to the pension accounts - 8.25% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35 and 36 and APB Opinion No. 8.

840331603 022 05 0001

Form 5500

Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).
 ► Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only
OMB Nos. 1210-0110
1210-0089

2005

This Form is Open to
Public Inspection.

[Part I] Annual Report Identification Information

For the calendar plan year 2005 or fiscal plan year beginning 01/01/2005 and ending 12/31/2005

A This return/report is for: (1) a multiemployer plan; (3) a multiple-employer plan, or
 (2) a single-employer plan (other than a multiple-employer plan); (4) a DFE (specify) _____

B This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed for the plan,
 (2) an amended return/report; (4) a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here

D If filing under an extension of time or the DFVC program, check box and attach required information (see instructions)

[Part II] Basic Plan Information - enter all requested information.

1a Name of plan

SKADDEN ARPS SLATE MEAGHER & FLOM P
PENSION PLAN

1b Three-digit

plan number (PN) ► 002

1c Effective date of plan (mo., day, yr)

04/01/1975

2a Plan sponsor's name and address (employer, if for a single-employer plan)

(Address should include room or suite no.)

SKADDEN ARPS SLATE MEAGHER & FLOM

LINDA FRANKLIN
FOUR TIMES SQUARE

2b Employer Identification Number (EIN)

13-1777230

2c Sponsor's telephone number

212-735-3000

2d Business code (see instructions)

541110

NEW YORK

NY 10036

Caution A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the Instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

SIGN
HERE

Signature of plan administrator

10/4/06

EARLE YAFFA, TRUSTEE

Type or print name of individual signing as plan administrator

SIGN
HERE

Signature of employer/plan sponsor/DFE

Date

10/4/06

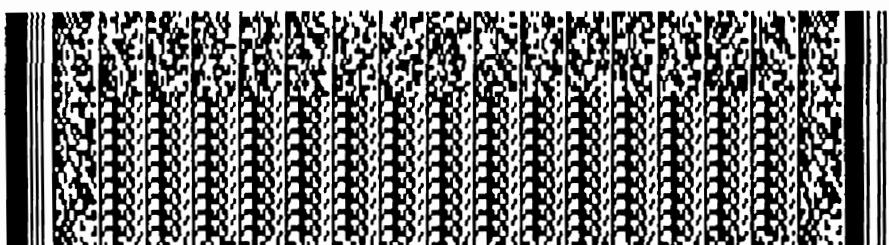
ROBERT C. SHEEHAN, PARTNER

Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500.

v8.2

Form 5500 (2005)



0 2 0 5 7 0 0 1 0 F



SA6704 2.000

LJD00B-N793 09/27/2006 13:39:43 V05-6.1

840531603.022.05 0053

Skadden, Arps, Slate, Meagher & Flom Pension Plan
EIN 13-1777230
Plan Number 002

Attachment to 2005 Schedule B (Form 5500), Line 6
Statement of Actuarial Assumptions/Methods

A Employee data used in valuation

The valuation is based on data provided by the Firm for all persons who participated in the Plan during the year ending on the valuation date, whether in an active or retired status. Reasonable estimates were employed if any data was unavailable.

B Method of Valuation

- 1 **Actuarial values** - The current service cost and actuarial reserve requirement are determined in accordance with the unit credit method of funding, with projected benefits being prorated on the basis of credited service.
- 2 **Assets** - The trust fund investments are valued at market value
- 3 **Prior service cost** - The minimum prior service cost pursuant to section 412 of the Internal Revenue Code is determined in accordance with such section and all regulations issued thereunder

C Actuarial assumptions

- 1 **Rate of inflation** - The assumptions used for funding purposes described below were selected assuming the economy would experience an average long-term rate of inflation of 5-1/4%.
- 2 **Interest (discount) rate** - 8.25% per annum, compounded annually for general funding purposes and for purposes of results reported under FASB Statements No. 35 4 59% per annum, compounded annually, for RPA 94 current liability purposes for determination of maximum tax-deductible contribution purposes and 6 10% for minimum required contribution purposes.
- 3 **GATT immediate interest rate** - 7 0%. For purposes of calculating RPA 94 current liabilities for maximum tax-deductible contribution (minimum required contribution) purposes, an interest rate of 4.59% (6 10%) was used for converting all annuities to lump sums. As provided by the terms of the Plan, GATT mortality was used for the conversion of annuities to lump sum payments
- 4 **Interest credits to the pension accounts** - 8.25% per annum for funding purposes and for purposes of results reported under FASB Statements No. 35